



ACTON BOARD OF HEALTH
APPLICATION for HAZARDOUS MATERIALS PERMIT

Legal Name of Facility or Establishment:

Site Address:.....

Mailing Address:.....

Business Telephone:.....

Corporate Officers:.....

Emergency Contact Person:.....

Emergency Telephone (Day): **Emergency Telephone (Night):**

Type of Business:.....

***Aquifer Location:**

- ☐ well protection [1]
- ☐ recharge protection [2]
- ☐ aquifer protection [3]
- ☐ watershed protection [4]

***Watershed District:**

- ☐ Fort Pond
- ☐ Nashoba Brook

**Maps available at Acton Health Department.*

Type(s) of Permits Needed:

- ☐ remedial action following a discharge: [# 5 (*discharge*), # 6 (*remediation*)]
- ☐ small or large scale generator (or > 100 kg/220 lbs/25 gal/mo: material or waste):
[generator: # 3 (*mat.*); # 1 (*waste*) (*lrg.*), # 2 (*waste*) (*sm.*)]
[user: # 4 (*mat.*), # 7 (*waste*)]
- ☐ storage (> 25 gal or lb) > 25 hrs: [# 8, # 9 (*mat.*), # 12, # 13 (*waste*)]
- ☐ storage, use, generation or *extremely* hazardous material
- ☐ storage of hazardous material or waste *overnight in trucks*
- ☐ storage of prepackaged hazardous material (> 50 gal or lb): [# 10 (*lrg.*), # 11 (*sm.*)]
- ☐ UST storage of flammable or combustible materials
 - ☐ change in material stored
 - ☐ removal of underground tank

Other Requirements:

- _____ MSDSs for all chemicals listed on application
- _____ emergency or contingency plan for an accidental spill
- _____ site plan of premises showing areas where chemicals are stored (including tanks and piping)
- _____ copies of all disposal manifests (or other documents) showing proper disposal measures
- _____ evidence of date(s) of purchase for all storage systems
- _____ all relevant documentation (permits and citations):

- | | |
|---|---|
| <input type="checkbox"/> MA Haz. Waste Mgt. Act (MGL ch 21 C) | <input type="checkbox"/> SPCC (Title 40 CFR 109, 110, 112) |
| <input type="checkbox"/> MA Clean Water Act (MGL ch 21 S. 26) | <input type="checkbox"/> FIFRA (7 USSI 36) |
| <input type="checkbox"/> RCRA (42 USCS 6901) | <input type="checkbox"/> FIFRA (7 USSI 36) |
| <input type="checkbox"/> Clean Air Act (42 USCS 1857) | <input type="checkbox"/> Safe Drinking Water Act (42 USCS 300f) |
| <input type="checkbox"/> Clean Water Act (33 USCS 1251) | <input type="checkbox"/> TSCA (15 USCS 2601) |

----- Do Not Complete below This Line -----

- ☐ representatives at Board of Health application review hearing (date:):.....

Recommended Conditions:.....

Signature/Date:.....

**INFORMATION TO BE INCLUDED
WITH THE HAZARDOUS MATERIALS PERMIT APPLICATION:**

- _____ Copies of the Material Safety Data Sheets (MSDSs) for all chemicals listed on the Annual Throughput Sheet
- _____ An Emergency or Contingency Plan in case of any accidental spill
- _____ A site plan of the premises, including the area where all chemicals are stored
- _____ The presence of a representative from your company at the Board of Health meeting during the application review is required
- _____ Copies of all hazardous waste transport manifests to demonstrate that proper disposal measures are being taken. If manifests are not required by state or federal law, some other proof of proper disposal shall be submitted.